

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12434

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Woolford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Woolford

How long in hospital or institution? - - -

3. (a) FULL NAME

CHARLES LANE ASPLEN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Bertie Neild

7. Birth date of deceased (mo., day, yr.)

Feb. 11, 1870

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

78

9

24

hrs.

min.

9. Birthplace Woolford, Dorchester Co., Md.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

II

12. Name William Asplen

13. Birthplace Maryland

14. Maiden name Charlotte "Asplen"

15. Birthplace Maryland

16. Informant Mr. Cleland Brooks

Address Cambridge, Maryland

17. Burial Date thereof Dec. 7, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity Church Cemetery

Location Church Creek, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-8-1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Woolford (If outside city or town limits, write RURAL and give nearest town)

Street No. Woolford

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1948, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1947, to December 5, 1948, and that I last saw him alive on 12-4, 1948.

Immediate cause of death

Coronary Occlusion

DURATION

2 days

Due to Arteriosclerotic Heart Disease

Unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

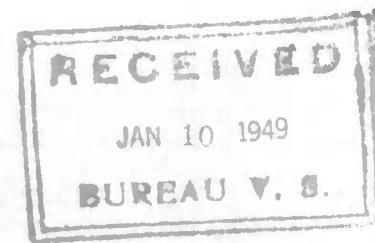
John Dace Jr. M.D. or other

Address 136 Race St. Cambridge, Md. Date signed 12-7-48

RECEIVED

DEC 10 1948

BUREAU U. S.



PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12436

82

Reg. Dist. No. 10

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Dorchester
Hurlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

fifty yrs

How long in hospital or institution?

3. (a) FULL NAME

Oscar W. Dickerson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Negro Married
Ethel Dickerson

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Aug 7. 1872

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

General laborer

11. Industry or business

factory

12. Name

Unknown

MOTHER FATHER

14. Maiden name

Liza Jane Dickerson

15. Birthplace

Denton Caroline Co. Md

16. Informant

James Hopkins

Address

Hurlock, Dor. Co. Md

17. Burial

Dec. 15 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Hurlock Dist. Hurlock, Md.

18. Funeral director

Herbert W. Gifford

Address

Landbridge, Md.

19. Date rec'd by registrar

Dec 14 1948

1948

Chas. W. Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For no. born infants, give residence of mother)

State

Maryland Dorchester

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

217-01-3354 A

MEDICAL CERTIFICATION

2D. DATE OF DEATH

December 12 1948 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

December 9 1948 to December 12 1948

and that I last saw him alive on December 12 1948

Immediate cause of death

Chronic myocardial degeneration 1/2 +

Due to: General arteriosclerosis 10 yrs +

Due to:

Other conditions Spastic paraparesis 1 month

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

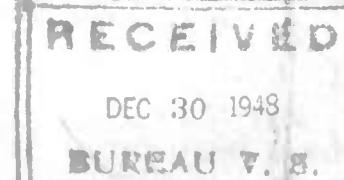
Wetmore MD

M. D. or other

Address

Hurlock Md.

Date signed 12/14/48



Evidence for change of age and birthdate shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12437

FILM NO. G 118 JAN 11 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 yr. 8 mos. 20 da.

3. (a) FULL NAME

Josephine Emerson

4. Sex

5. Color or race

Female

White

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

Charles L. Emerson

Dead

7. Birth date of

deceased (mo., day, yr.) March 17, 1888

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

60 66 8 25

hrs. min.

9. Birthplace

(Town, county, and state)

Germany

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Mother

Father

Unknown

II

13. Birthplace

14. Maiden name

Mother

Father

Unknown

II

15. Birthplace

16. Informant

Hospital

Records

Hospital

Cambridge, Maryland

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. 12-18-19

(Date rec'd by registrar)

Date thereof 12-17-48

(month day year)

Eastern Shore State Hospital

Cambridge, Md.

Kenneth R. Shogren

Cambridge, Md.

Address

20. 12-18-19

(Date rec'd by registrar)

Registar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 12, 1948 at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 22

1947 to December 12, 1948

and that I last saw her alive on

December 11

1948

Immediate cause of death

General Paresis

Due to

Due to

Chronic Myocarditis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Misens of injury

Injured at work

23. SIGNATURE

Church Personnel

M. D. or other

Address

Cambridge, Maryland

Date signed 12/12/48

RECEIVED

DEC 20 1948

BUREAU F. B. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12438

CERTIFICATE OF DEATH

Reg. Dist. No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Dorchester
 County Secretary, Md.
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 yrs.
 Hospital, Institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Secretary (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

3. (a) FULL NAME Robert Curtis Forbes

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Frances C. Forbes

7. Birth date of deceased (mo., day, yr.) April 22, 1883 6. (c) If alive, give age _____ years

8. AGE: Years 65 Months 8 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Pittsburgh, Pennsylvania
 (Town, county, and state)

10. Usual occupation Interior Decorator

11. Industry or business None

MOTHER FATHER

12. Name James Curtis Forbes
 13. Birthplace Little Britain, N.Y.
 14. Maiden name Frances Ruth Allen
 15. Birthplace Pittsburgh, Pennsylvania

16. Informant Frances C. Forbes
 Address Secretary, Md.

17. Burial Cemetery Date thereof 12/28/48
 (Burial, cremation, or entombment, and when) (month) (day) (year)

Location East New Market, Md.
 Address 803, Yellowglen
 18. Funeral director John C. Smith
 Address East New Market

19. Date rec'd by registrar Dec. 27 1948 Signature Elizabeth O. Smith
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Secretary (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war: _____

3. (b) Social Security Number: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1948 to Dec. 25 1948, and that I last saw him alive on Dec. 24, 1948.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to: _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lawrence Marano M. D. or other _____
 Address 136 Race St. Date signed 12/27/48

RECEIVED
DEC 31 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UPRADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12439

CERTIFICATE OF DEATH

Reg. Dist. No. 1.1.6

1. PLACE OF DEATH:

County Dorchester

City or town Rural Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 yrs 7 mos 6 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital, Rural Cambridge
Maryland

How long in hospital or institution? 33 yrs 7 mos 6 days

3. (a) FULL NAME

Arthur Gibbons

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

8. (b) Name of husband or wife

/ / / / / / / / / / / / / / / /

7. Birth date of deceased (mo. day, yr.)

7-6-1891

8. (c) If alive, give age years

8. AGE:

Years
57Months
5Days
18

If less than one day

hrs. min.

9. Birthplace Somerset County, Maryland

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William James Gibbons

13. Birthplace Somerset County, Maryland

14. Maiden name Martha Ann Doughtery

15. Birthplace Fairmount, Somerset County, Maryland

16. Informant Records of Eastern Shore State Hospital

Address Rural Cambridge Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 26, 1948

(month) (day) (year)

State Hospital Cemetery

Cemetery or crematory

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. 12-28 1948 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Rural Princess Anne Route #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26th, 1948 19 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20th 1947 19 at Dec. 26th, 1948 19

and that I last saw him alive on December 26th 1948 19

Immediate cause of death

Cirrhosis of the Liver (Not specified as alcoholic)

DURATION

1 months

Due to

Due to

Other conditions Dementia Praecox (Hepatopneumonia)

Terminal Dementia

22 P.M.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

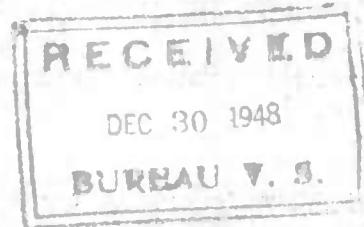
Injured at work?

23. SIGNATURE

Robert Bertrand May, M.D. or other

Address Cambridge, Maryland Date signed 12-24-48

2-16-1881
8-25-50
2-21-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

107 Reg. Dist. No. 116

194411

1. PLACE OF DEATH: Dorchester
 County: Cambridge

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos

Hospital, institution, or street address where death occurred: Cambridge, Md.

How long in hospital or institution? 1 day

3. (a) FULL NAME

Stephanie Odette Griffin

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife: —

7. Birth date of deceased (mo., day, yr.) March 10, 1948 6. (c) If alive, give age — years

8. AGE: 9 Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Cambridge Dor. Co. Md.
 (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

MOTHER FATHER
 12. Name: Osmond Griffin

13. Birthplace: Seaford Delaware

14. Maiden name: Clementine Askins

15. Birthplace: East New Market Dor. Co. Md.

16. Informant: Osmond Griffin

Address: Cambridge, Md.

17. Burial: Burial Date thereof: Dec 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery: Cemetery

Location: East New Market, Md.

18. Funeral director: Herbert M. D. Black Jr.

Address: Cambridge, Md.

19. (Date rec'd by registrar) 12/28/48 1948 John Mace Jr. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No.: Tine Street (If rural, give LOCATION)

2. (a) If veteran, name war: —

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: DECEMBER 25 1948 at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/25 to 12/26 1948, and that I last saw her alive on DECEMBER 25 1948.

Immediate cause of death:

Myocardial Failure

DURATION

8 hours

Due to: Bronchopneumonia 4 days

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury: —

Injured at work? —

23. SIGNATURE: H. J. Banks

M. D. or other: — Date signed: 12/28/48
 Address: Cambridge Md.

RECEIVED
DEC 30 1948
BUREAU F. B.

Dr. Meekins

I

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12441

CERTIFICATE OF DEATH

83a

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Seven Years

Hospital, institution, or street address where death occurred:

110 Glenburne Ave.

How long in hospital or institution? - - - - -

3. (a) FULL NAME

JULIA TODD TYLER HARRIS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife T. Jackson Tyler-Died 1898

G. H. Harris-Died 1934

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1860

8. AGE: Years 88 Months 10 Days 12 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name George Todd

13. Birthplace Maryland

14. Maiden name Mariah Cook

15. Birthplace Maryland

16. Informant Mrs. Allen Tyler

Address Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 8, 1948
(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-8-1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 Glenburne Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1948 to Dec 5 1948 and that I last saw h. alive on Dec 5 1948

Immediate cause of death

Heart Cardiac
Dilatation

Due to

Hemorrhage (month 3 days)

Due to

Varicose arteries (month 10 yrs)

Other conditions

Splenomegaly
Right Thigh

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'l place (where?)

Means of injury

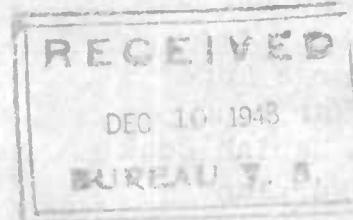
Injured at work?

23. SIGNATURE

John Mae. J. M.

M. D. or other

Address Cambridge, Md. Date signed 12-7-1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1640
12442
Reg. Dist. No. 110

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... All life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Bodine Hurlock

4. Sex

5. Color or race
Male White
6. (a) Single, married, widowed, or divorced
Married

8. (b) Name of husband or wife

Edith Hurlock

7. Birth date of
deceased (mo., day, yr.)

MAR. 19, 1888

6. (c) If alive, give age..... years

8. AGE:

Years Months Days
69 9 12
If less than one day
hrs. min.

9. Birthplace.....

Hurlock, Dor. Md
(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business

Robert A. Hurlock

12. Name.....

Robert A. Hurlock

13. Birthplace.....

Hurlock

14. Maiden name.....

Jennie Seward

15. Birthplace.....

Seyards, Md.

16. Informant.....

Edith Hurlock

Address.....

Hurlock, Md.

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof..... Dec. 3, 1948

(month) (day) (year)

Cemetery or crematory.....

Cemetery

Location.....

Hurlock, Md.

18. Funeral director.....

F. B. Wilcox & Son

Address.....

Hurlock

19. Date rec'd by registrar..... Dec. 3, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 1, 1948, at 10.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Not at all 19. to 19.

and that I last saw h. alive on Not at all 19.

Immediate cause of death.....

Pistol bullet wound of brain 5 min DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Suicide Date of..... 12/1/48

Where did injury occur?..... Hurlock Dor. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Home

Means of injury..... 32 pistol Injured at work? no

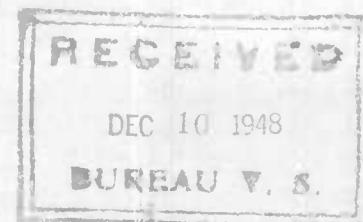
John Moore, M.D. Deputy Medical Examiner

23. SIGNATURE..... Deputy Medical Examiner
Dorchester Co. M. D. or other

Address..... Cambridge, Md. Date signed..... 12/2/18

Registrar.....

61-3-8881
21-3-20
1948-11-30



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Baltimore

County Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months, 6 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 2 months, 6 days

3. (a) FULL NAME

Harry L. Johnson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

widowed

6. (b) Name of husband or wife unknown

7. Birth date of deceased (mo. day. yr.)

May 8, 1878

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

70

7

21

hrs.

min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Samuel Charles Johnson

13. Birthplace Maryland

14. Maiden name Mary E. Walls

15. Birthplace Maryland

16. Informant Eastern Shore State Hospital

Address Cambridge, Maryland

17. Burial Date thereof 12-29-48
(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill, Md

18. Funeral director Edgar Lane

Address Church Hill

19. 12-27-48 1948 John Macé, Jr. M.D.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Queen Anne's

City or town Crumpton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1948 at 9:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 23, 1948, to December 29, 1948,

and that I last saw him alive on December 29, 1948.

Immediate cause of death

Cerebral Hemorrhage

DURATION

12/28/48

Due to Gen. Arteriosclerosis with hypertension

1940 ?

Due to

Other conditions

Cerebral arteriosclerosis with
(Include pregnancy within 3 months of death)
psychosis

1948 ?

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Robert Bertrand May, M.D.

M.D. or other

Address Cambridge, Md. Date signed 12-29-48

RECEIVED

JAN 3 1949

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12445

116

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

3 Hours

How long in above place of death?

Hospital, institution, or street address where death occurred: In The Field - - RFD # 2

How long in hospital or institution? - - - -

3. (a) FULL NAME

JOHN MARSHALL, JR

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife Emeline Thomas Merrick

(Died 6/26/47)

7. Birth date of deceased (mo., day, yr.) April 23, 1889

8. AGE: Years 59 Months 3 Days 20 If less than one day hrs. min.

9. Birthplace Cambridge, Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Dirt

12. Name John Marshall

13. Birthplace Maryland

14. Maiden name Mooney

15. Birthplace Maryland

16. Informant Mr. John Edward Marshall

Address Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 15, 1948
(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. / 3 - 16 1948
(Date rec'd by registrar)John Moore Jr. M.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 Meadow Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

213-22-6174

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1948, 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead on arrival to Dead on arrival 19.

and that I last saw h alive on Dead on arrival 19.

Immediate cause of death

Coronary Occlusion

DURATION

10 minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

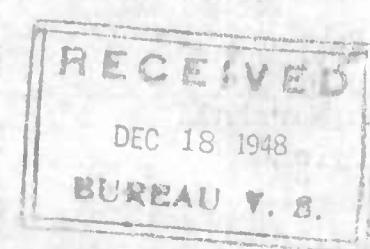
Injured at work?

Eldridge H. Wagstaff

23. SIGNATURE Acting Deputy Medical Examiner

M. D. or other

Address Cambridge, MD Date signed 12-15-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

12444

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County OrientalCity or town Andrews

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: homeStay in hospital or Inst. (yrs., or mos., or days) noStay in this community (yrs., or mos., or days) 8

3. (a) FULL NAME

Infant boy Mills, Ollie Wayne

3. (b) Social Security Number

no

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Malewhitesinge

B (b) Name of husband or wife

no

7. Birth date of deceased (mo., day, yr.)

Dec. 3 - 1948

6(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

hrs. 51

9. Birthplace

Andrews, Md

(Town, county, and state)

10. Usual occupation

no - (infant)

11. Industry or business

no -

12. Name

Ollie Mills

13. Birthplace

Andrews, Md

14. Maiden name

Rose Ella Abbott

15. Birthplace

Andrews, Md

16. Informant

Rose Mills

Address

Andrews, Md

17. Burial

Date thereof Dec. 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sandy Deland Cemetery

Location

Andrews, Md

18. Funeral director

Decomie Funeral Service

Address

Cambridge, Md19. Dec. 3

1948

James W. Mease

(Date rec'd by registrar)

Reg. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty OrientalCity or town Andrews

Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Andrews Post Office

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 3

1948, at 1 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 3 1948, to Dec. 3 1948and that I last saw him alive on Dec. 3 1948.

Immediate cause of death

Asphyxia

DURATION

5 minDue to Strangulation by cord around neckDue to Too long delay in sending for physician in charge.Other conditions of case

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

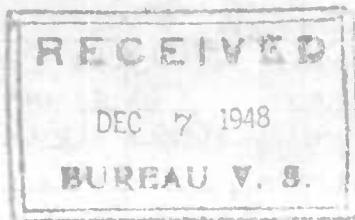
23. SIGNATURE

James W. Mease, M.D.

M. D. or other

Address

Fishing Creek, MdDate signed Dec. 3, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

12446
119

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Bishops Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Bishops Head

How long in hospital or institution? - - - -

3. (a) FULL NAME

ELIZABETH DULCENIA MILLS

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

8. (b) Name of husband or wife Caleh C. Mills

(Died 6/18/1948)

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1860

8. AGE: Years Months Days If less than one day
87 11 12 hrs. min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name John E. Moore

13. Birthplace Maryland

14. Maiden name Priscilla "Moore"

15. Birthplace Maryland

16. Informant Mrs. Everman Pritchett

Address Bishops Head, Maryland

17. Burial Date thereof Dec. 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Thomas Church Cemetery

Location Bishops Head, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Dec. 10, 1948 Wilson & Pritchett
(Date rec'd by registrar) Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Bishops Head
(If outside city or town limits, write RURAL and give nearest town)Street No. Bishops Head
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1948, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 6, 1948, to Dec. 6, 1948

and that I last saw her alive on Dec. 6, 1948.

Immediate cause of death

Hemiplegia, St. due to
certified by Dr. John B. O.
Due to Atherosclerosis CVD

DURATION

48 hrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

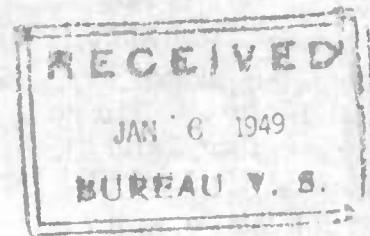
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wilson & Pritchett, Local Registrar
M. D. or other
Date signed Dec. 9, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12447

CERTIFICATE OF DEATH

83a
Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? lifeHospital, institution, or street address where death occurred: Rhodesdale - Vienna Road

How long in hospital or institution?

3. (a) FULL NAME

Cora S. Murphy

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William G. Murphy

7.

(c) If alive, give age

73

years

7. Birth date of deceased (mo., day, yr.)

July 9, 1876

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Daniel Jones

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Rachel Craft

15. Birthplace

Dorchester County, Maryland

16. Informant

Williams G. Murphy

Address

Rhodesdale, Maryland, R.F.D.

17. Burial

Cemetery

(Burial, cremation, or removal. Which?)

Date thereof December 13, 1948
(month) (day) (year)

Cemetery or crematory

Reid's Grove Cemetery

Location

Reid's Grove, Maryland

18. Funeral director

J. J. Trampton and Son

Address

Federalburg, Maryland

19. (Date rec'd by registrar)

December 13, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rhodesdale - Vienna Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 101948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 24 1948 to Dec 10 1948and that I last saw h er alive on Dec 10/48 1948

Immediate cause of death

Subarachnoid Hemorrhage

DURATION

16 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'l place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Blackman
M. D. or other
Address Sharpstown Rd
Date signed 12/13/48

RECEIVED

DEC 30 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12448

83a

Reg. Dist. No. 1.1.6

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Dorchester
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Edgar D. Parker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Widowed

6. (b) Name of husband or wife

Ollie Burton

7. Birth date of deceased (mo., day, yr.)

8. (e) If alive, give age

..... years

Mar 15-1858

8. AGE:

Years

Months

Days

If less than one day

..... hrs. min.

90

9

15

9. Birthplace

(Town, county, and state)

Dor Co.

10. Usual occupation

Farmer, Laborer

11. Industry or business

John R. Parker

MOTHER FATHER

12. Name

Dor Co.

13. Birthplace

name unknown

14. Maiden name

Dor Co.

15. Birthplace

name unknown

16. Informant

Robert R. Parker

Address

Cambridge, Md.

17. Burial

Date thereof: 1-2-149

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Shuler

Address

Cambridge, Md.

19. To

John Mace, Jr. M.D.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dor.

City or town 12 Meadow Ave

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Cambridge, Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 30 48

19 21 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-29 48 to 12/30 48

and that I last saw him alive on

12/30 48

19 48

Immediate cause of death

cerebral hemorrhage

arterio sclerosis

Due to

DURATION

1 day

Due to

unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

(City or town) (County) (State)

Injured at work?

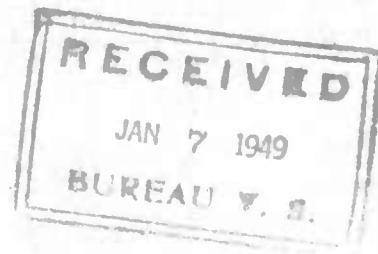
23. SIGNATURE

Lawrence Maynard

M. D. or other

136 Rue - Cambridge, Md. Date signed 12/3/48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleanly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12449

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 Years
Hospital, Institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? Three Days

3. (a) FULL NAME

LULA JONES PARKS

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>John T. Parks</u> (Died 2/14/48)		6. (c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) <u>May 26, 1882</u>		6. (c) If alive, give age years	
8. AGE: Years <u>66</u>	Months <u>7</u>	Days <u>5</u>	If less than one day hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Cambridge Dry Cleaners

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Mr. Roy Shaw

Address Springfield, Virginia

17. Burial Burial Date thereof Jan. 3, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Jan. 4, 1949 John Mae, Jr. M.D.
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 109 Peachblossom Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
217-28-2647

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1948 at 8:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28, 1948 to Dec 31, 1948 and that I last saw her alive on Dec 31, 1948.

Immediate cause of death Terminal Bronchitis
Pneumonia

DURATION
28 hours

Due to arteritis - Embolitis - Cardo - Venous
Renal Disease with Cardiac

Due to and renal failure 48 hours

Other conditions Diabetic mellitus, uncontrollable?
Chronic Cholecystitis 3 years
(Include pregnancy within 8 months of death)

Major findings or operations None Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. None Date of

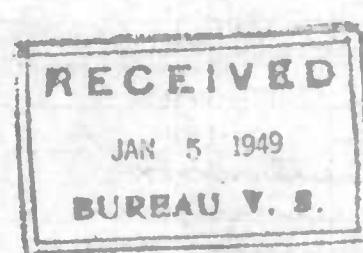
Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Wolfford
M. D. or other Cambridge, Md
Date signed 1-3-49

Address Cambridge, Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12450

CERTIFICATE OF DEATH

61
Reg. Dist. No. 110

1. PLACE OF DEATH:

County BaltimoreCity or town Harlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Minnie L. Payne

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Ira L. Payne

7. Birth date of deceased (mo., day, yr.)

August 2, 1883

6. (c) If alive, give age _____ years

8. AGE:

Years
65Months
4Days
20If less than one day
hrs. _____ min. _____

9. Birthplace

New York State

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Merley H. Shaw

13. Birthplace

New York State

14. Maiden name

Mary A. Sundick

15. Birthplace

New York State

16. Informant

George W. Payne

Address

Easton Maryland

17. Burial

Date thereof December 27 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Traumpton and Son

Address

Federalburg, Maryland

19. December 27-1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty BaltimoreCity or town Harlock

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 24 194821. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24 1947 to December 24 1948 and that I last saw her alive on December 24 1948.

Immediate cause of death

Coronary thrombosis

DURATION

1 hourDue to General arteriosclerosis

1 year +

Due to Diabetes mellitus

5 yrs. +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Harrison MD

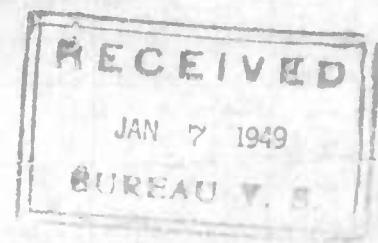
M. D. or other

Address

Harlock Md.

Date signed

12/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

12451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Rural Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 yrs 8 mos 21 days
Hospital, Institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 13 yrs 8 mos 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston P. D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

3. (a) FULL NAME
Clarie Edward Perry

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Birdie Ellen Hubbard Perry

6. (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) 1-11-1879

8. AGE: Years	Months	Days	It less than one day
69	11	15	hrs. min.

9. Birthplace Preston Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Frank Perry

13. Birthplace Preston Maryland

14. Maiden name Elizabeth Connelly

15. Birthplace Preston Maryland

16. Informant Records Eastern Shore State Hospital
Address Burl Cambridge, Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof 12/29/48
(month) (day) (year)

Cemetery or crematory Someseter Cemetery
Location Preston, Md.

18. Funeral director H. M. Hollis
Address Preston, Md.

19. (Date rec'd by registrar) 12-28-48 1948
(Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26th 1948 19 10:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1st 1947 19 to Dec. 26th 1948 19 and that I last saw him alive on Dec. 26th 1948 19.

Immediate cause of death Cerebral Hemorrhage
DURATION 1 hour

Due to Hypertensive Atherosclerotic
Cardiovascular Disease
DURATION 1 hr

Due to

Other conditions Epileptic Deterioration
DURATION 10 yrs

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

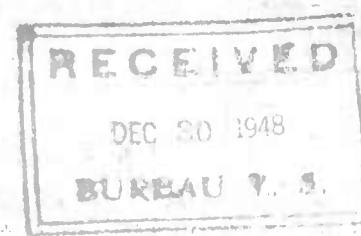
Means of injury Injured at work?

23. SIGNATURE Robert Bartram May, M.D.

M. D. or other

Address Cambridge, Md. Date signed 12-26-48

~~1879-1-15-
Dec-11-26~~
1948-12-26



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12452

CERTIFICATE OF DEATH

825.5
170 C

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Tedadoburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

See Dickville

How long in hospital or institution?

3. (a) FULL NAME

Ernest J. Sample, Jr.

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 19, 1932

6. (c) If alive, give age

years

8. AGE:

Years	Months	Days	If less than one day
16	1	6	hrs. min.

9. Birthplace

Panter, Virginia

(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm at Poultry Processing Plant

MOTHER FATHER

12. Name Ernest J. Sample13. Birthplace Panter, Virginia14. Maiden name Maggie Neff15. Birthplace Panter, Virginia16. Informant Ernest J. SampleAddress Tedadoburg, Maryland, U.S.A.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof December 28, 1948

(month) (day) (year)

Cemetery or crematory

Federal Hill Cemetery

Location

Tedadoburg, Maryland18. Funeral director J. J. Trampman and SonAddress Tedadoburg, Maryland

Dec 28

1948

(Date rec'd by registrar)

Charles H. Helms

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Tedadoburg - Rural (If outside city or town limits, write RURAL and give nearest town)Street No. Dickville (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 25 1948 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19. to 19.and that I last saw him alive on not at all 19. to 19.

Immediate cause of death

Crushing wound
of chest

DURATION

1 hour

Due to

Due to

Other conditions Multifocal abrasions
legs, leg and chest 1 hour
(Include pregnancy within 3 months of death)

Major findings or operations

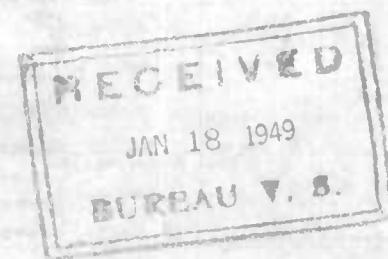
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/27/48Where did injury occur? Tedadoburg, Maryland (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of injury auto accident Injured at work? noInjury John W. Moore Jr. M.D. MD or other23. SIGNATURE Charles H. Helms Date signed 12/24/48Address 10000 10th Street, N.W., Washington, D.C.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12453

CERTIFICATE OF DEATH

17a
Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester

County

Rural Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs. 5 mos. 24 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 5 yrs. 5 mos. 24 days

3. (a) FULL NAME

James R. Sherman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

/ / / / / / / / / /

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

7-19-1883

8. AGE:

Years

Months

Days

If less than one day

65

5

12

hrs.

min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Water mill worker

11. Industry or business

MOTHER

FATHER

George F. Sherman

MOTHER

FATHER

Ida Gamble

14. Maiden name

?

15. Birthplace

?

16. Informant

Records Eastern Shore State Hospital

Address Rural Cambridge, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 2, 1949

(month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland

18. Funeral director

LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date rec'd by registrar

Jan. 3, 1949

John Mace, Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Vienna, Dorchester County

City or town Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 31,

1948

6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6, 1943 19 to Dec. 31, 1948

and that I last saw him alive on December 31, 1948

Immediate cause of death Tubercular osteomyelitis DURATION (disseminated) of the right

Thoracic cage and right pelvic

Due to girdle.

40 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

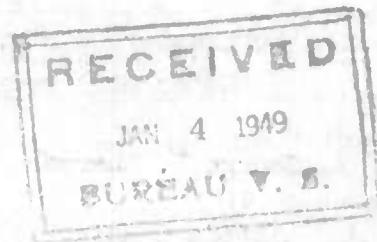
Robert Bertrand May, M.D.

M.D. or other

Address Cambridge, Maryland Date signed 12-31-48

MARGIN RESERVED FOR BINDING
I
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948-12-31
65-2-12
21-2-182-7-1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12454
119a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... Dorchester
City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town) Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

442 Willis Street

How long in hospital or institution?

3. (a) FULL NAME

NANCY LEE SHORES

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct. 1, 1948

8.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

-

2

30

hrs.

min.

9. Birthplace

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

Lee Todd

12. Name

Maryland

MOTHER FATHER

Ann Elizabeth Shores

14. Maiden name

Denton, Maryland

15. Birthplace

Ann Elizabeth Shores

16. Informant

Cambridge, Maryland

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 1, 1949

(month) (day) (year)

Cemetery or crematory

Greenlawn Cemetery

Location

Cambridge, Maryland

16. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland

19. Jan. 3, 1949

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester

City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No... 442 Willis Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 31, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19. to 19.

and that I last saw h... alive on Not at all 19. to 19.

Immediate cause of death

Toxemia

DURATION

Due to Acute gastroenteritis 1 day

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accidental, suicide, or homicide Date of

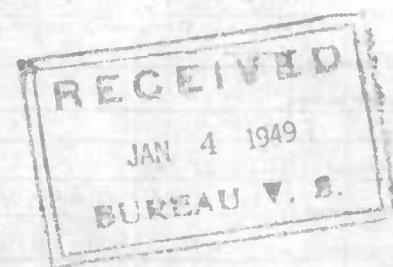
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Deputy Medical Examiner

Address... Cambridge, Md. Date signed 1/1/49



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12455

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Dorchester
R. I. D. Taylor's Island (Smithville)City or town
(If outside city or town limits, write RURAL and give nearest town)

3 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

R. I. D. Taylor's Island (Smithville)

How long in hospital or institution?

3 years

3. (a) FULL NAME

Joseph Stevens

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored married

Faunise Jackson

6. (b) Name of husband or wife

6. (c) If alive, give age

32 years

7. Birth date of

deceased (mo., day, yr.)

June 15, 1890

8. AGE:

Years

Months

Days

If less than one day

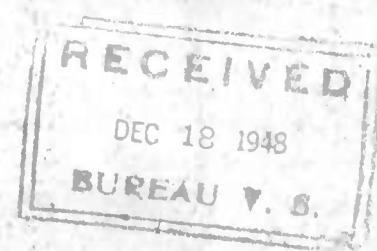
58

5

26

hrs.

min.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12456

CERTIFICATE OF DEATH

94a
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

26 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

202 Killarney Road

How long in hospital or institution?

3. (a) FULL NAME

JOB E. TODD

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Clara A. B. Todd7. Birth date of deceased (mo., day, yr.) May 24, 1866

8. AGE:	Years	Months	Days	If less than one day
	82	6	27	hrs. min.

9. Birthplace Toddville, Dor. Co., Maryland
(Town, county, and state)10. Usual occupation Guard11. Industry or business Phillips Packing Co.12. Name Unk.13. Birthplace Unk.14. Maiden name Elizabeth Todd15. Birthplace Toddville, Md.16. Informant Mr. Aubrey ToddAddress Cambridge, Maryland17. Burial Burial Date thereof Dec. 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 1 - 2 - 23 19 xf John Mac. J. M. C.
(Date rec'd by registrar) John Mac. J. M. C.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 Killarney Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
216-12-1998

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1948, at 9:15 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Not at all

19. to 19.

and that I last saw h. alive on Not at all 19. to 19.

Immediate cause of death

Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Mac. J. M. C.
Deputy Medical Examiner or other
Address Cambridge Md.
Date signed 12/22/48

RECEIVED

DEC 27 1948

BUREAU U. S.

EVIDENCE FOR
CHANGE OF AGE
SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83d
12457

FILM No. G 118 JAN 6 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 7 mos. 17 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 3 yrs. 7 mos. 17 days

3. (a) FULL NAME

Henrietta Jane Tyler

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Separated

6. (b) Name of husband or wife Horace G. Tyler

6. (c) If alive, give age 64 yrs years

7. Birth date of deceased (mo., day, yr.)

September 14th 1882

8. AGE:

Years
66

Months
55

Days
3

If less than one day
7

hrs.

min.

9. Birthplace Crisfield, Somerset County, Maryland.

(Town, county, and state)

10. Usual occupation Factory Worker

11. Industry or business

MOTHER FATHER 12. Name George E. Byrd

13. Birthplace Crisfield, Maryland

Hannah Byrd

14. Maiden name

15. Birthplace Crisfield, Maryland

16. Informant Records of Eastern Shore State Hospital

Address Rural Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/25/48
(month) (day) (year)

Cemetery or crematory

Dunwoody Ridge

Location

Cambridge, Md

18. Funeral director

W. L. Leonard & Son

Address

Cambridge, Md

19. (Date rec'd by registrar)

19 18 Jan 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Rural Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. Route #1

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21

1948, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4th 1945 19 to Dec. 21 1948 19

and that I last saw her alive on December 21st 1948 19

Immediate cause of death Paraplegia

Hemiplegia

Due to Arteriosclerosis

Approx. 4 yrs

"

Hypertension

"

Other conditions Psychosis with cerebral arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert Bestard May, M.D. M. D. or other

Address Cambridge, Md Date signed 12-22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12458

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 Years

Hospital, institution, or street address where death occurred:

Arcade Apts., Race St

How long in hospital or institution? - - - - -

3. (a) FULL NAME

WILLIAM S. WALLER, SR

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

8. (b) Name of husband or wife Annie D. Albers

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1876

6. (c) If alive, give age 64 years

8. AGE: Years 72 Months 10 Days 28 It less than one day hrs. min.

9. Birthplace Concord, Delaware

(Town, county, and state)

10. Usual occupation Barber-Retired

11. Industry or business Barber

12. Name George Waller

13. Birthplace Not Known

14. Maiden name Betty Phillips

15. Birthplace Not Known

16. Informant Mrs. Annie A. Waller

Address Cambridge, Maryland

17. Burial

Date thereof Dec. 11, 1948

(month) (day) (year)

(Burial, cremation, or removal. Which?) Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. 12-13 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Arcade Apts., Race St

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1948, at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1, 1948, to Dec. 9, 1948, and that I last saw him alive on Dec. 9, 1948.

Immediate cause of death

Oxygen Thirsting

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

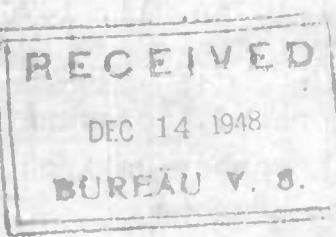
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12459

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Rural-Wingate
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Two Years
 Hospital, Institution, or street address where death occurred:
Wingate
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural- Wingate
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wingate
 (If rural, give LOCATION)
 2.(a) If veteran, name war. -----

3. (a) FULL NAME
VICTORIA TODD WEBB

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	White	Widowed		
6.(b) Name of husband or wife		John H. Webb		
(Died 7/17/46)		6.(c) If alive, give age years		
7. Birth date of deceased (mo., day, yr.)		Jan. 30, 1881		
8. AGE: Years		Months	Days	If less than one day
67		10	26hrs.min.
9. Birthplace... <u>Toddville, Dor. Co., Maryland</u> <small>(Town, county, and state)</small>				
10. Usual occupation <u>Domestic</u>				
11. Industry or business <u>Home</u>				
12. Name <u>Riley Todd</u>				
13. Birthplace <u>Maryland</u>				
14. Maiden' name <u>Catherine Burns</u>				
15. Birthplace <u>Maryland</u>				
16. Informant <u>Mrs Naomi Jones</u>				
Address <u>Wingate, Maryland</u>				
17. Burial <u>Dec. 28, 1948</u> <small>(Burial, cremation, or removal. Which?)</small>				
Date thereof <u>Dec. 28, 1948</u> <small>(month) (day) (year)</small>				
Cemetery or crematory <u>Greenlawn Cemetery</u>				
Location <u>Cambridge, Maryland</u>				
18. Funeral director <u>LeCompte's Funeral Service</u>				
Address <u>Cambridge, Maryland</u>				

19. 12-28-48 John Mac. Jr.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1948 230A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19. to not at all 19.
 and that I last saw her not at all alive on not at all 19.

Immediate cause of death Coronary occlusion

DURATION 5 min

Due to -----

Due to -----

Other conditions -----

(Include pregnancy within 8 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State)

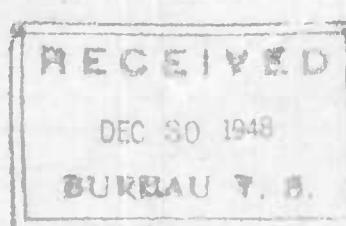
Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE John Mac. Jr. 12/24/48

Address LeCompte's Funeral Service M. D. or other -----

Date signed 12/24/48



EVIDENCE FOR CHANGE OF
AGE & BIRTH DATE SHOWN ON MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 JAN 24 1949

CERTIFICATE OF DEATH

12460

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.

Dorchester

City or town.

Cambridge Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Wine

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Negro

Married

6. (b) Name of husband or wife

Alice Wine

6. (c) If alive, give age

75 years

7. Birth date of

deceased (mo., day, yr.)

Dec 25 1870 1854

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

Cornersville Dor. Co Md

10. Usual occupation

Unemployed

11. Industry or business

None

Charles Wine

12. Name

Cornersville Md

13. Birthplace

Arminister Atkins

14. Maiden name

Cornersville Dor Co Md

15. Birthplace

Vernon Hamilton

16. Informant

R.F.D. #3 Cambridge Md

17. Burial

Date thereof Dec 27 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

18. Cemetery or crematory

Cemetery

Location Beckwith Dor Co Md RFD 3

19. Funeral director

Herbert W. Glass Jr.

Address Cambridge Md

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

(Rural) RFD #3 Cambridge

Street No.

(If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 12. 24. 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12. 24. 1948 to 12. 24. 1948

and that I last saw him alive on Dec 24. 1948

Immediate cause of death Congestive heart failure

Due to Anterior splanchnic heart disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

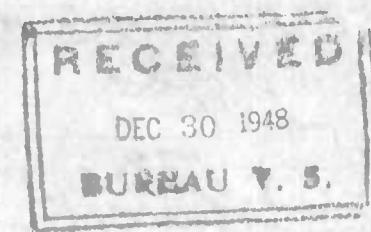
Means of injury Injured at work?

23. SIGNATURE John Grace Jr.

M. D. or other

Address 100 Main St. Cambridge Md.

Date signed 12-27-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12461

CERTIFICATE OF DEATH

164 d
Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

9 Coleman's Lane

How long in hospital or institution?

3. (a) FULL NAME

Roland Wongus

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Negro Married

6. (b) Name of husband or wife Minnie Jackson Wongus

6. (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) November, 1905

8. AGE: Years Months Days If less than one day
43 .hrs. .min.9. Birthplace Vienna, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Oyster house

12. Name John Wongus

13. Birthplace Maryland

14. Maiden name Lizzie Camper

15. Birthplace Maryland

16. Informant Mrs. Irene Pinder

Address Vienna, Maryland

17. Burial Date thereof Dec. 28 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sault Landing,

Location Griffins Neck, (Vienna) Maryland

18. Funeral director Lewis H. Bayneum

Address Cambridge, Maryland

19. 1 - 28 19 x8 John Mae. Jr.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Schoolhouse Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1948, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival, 19, to 19,

and that I last saw h alive on Dead on arrival, 19.

Immediate cause of death

Stab wound of chest
penetrating heart.

DURATION

5 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 12/25/48

Where did injury occur? Cambridge Dor. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in house

Means of injury Stab wound

Injured at work?

23. SIGNATURE

John Mae. Jr. M.D. Deputy Medical Examiner M.D. or other

Address Cambridge, Md. Date signed 12/26/48

